

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3	1							53					
4		1						54					
5	1							55					
6		1						56					
7		6						57					
8	0							58					
9	0							59					
10	0							60					
11	0							61					
12	0							62					
13	0							63					
14	0							64					
15	0							65					
16	0							66					
17	0							67					
18	0							68					
19								69					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1							TOTAL IND.					
TOTAL DEP.	23							TOTAL DEP.					
TOTAL CLAIMS	23							TOTAL CLAIMS					